FORM (RF-3)

SUMMARY SHEET

on 754.EXHIBIT A	Summary Sheet (Form RF-3)	E.
	FORM (RF-3)	FILER
	SUMMARY SHEET	MAY 0 1 2010
Change in Compareffective 05/01/2010	ny's premium or rate level produced by	rate revision TATE OF ILLINOIS

(1)(2) (3)**Annual Premium** Percent Coverage Volume (Illinois) * Change (+or-) ** **Automobile Liability Private** 1. Passenger Commercial 2 Automobile Physical Damag Private Passenger Commercial 3. Liability Other Than Auto 4. **Burglary and Theft** 5. Glass 6. **Fidelity** 7. Surety 8. **Boiler and Machinery** 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation \$8,810 -0.1% Life of Insurance Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): NCCI advisory rates, loss costs, and rating values. *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.

Allied Eastern Indemnity Company

Richard W. Irons - Product Manager

Name of Company

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

hange in Company's premium or rate level	produced by rate revision effective	May 1, 2010
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
. Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage Private Passenger Commercial		
. Liability Other Than Auto		
. Burglary and Theft		
. Glass		
. Fidelity		
. Surety		
. Boiler and Machinery		
. Fire		
Extended Coverage		
1. Inland Marine		
2. Homeowners		
3. Commercial Multi-Peril		
4. Crop Hail		
5. Other Workers Compensation	6,346,318	-2.6
Line of Insurance		
rief description of filing. (If filing follows rausiness effective May 1, 2010, adopt NCCI	ates of an advisory organization, specificates announced in Circular IL-2009-08	y organization): For new and renew and approved in IL-2009-11.
Adjusted to reflect all prior rate changes. Change in Company's premium level whic	h will result from application of new rates	S.
		ire Insurance Company
		Name of Company
	Tracyllad	ott - Compliance Analyst II
	Tracy Open	Official – Title
		omeiar rue
	FILED	•
	MAY 0 1 2010	
	2010	
Den.	10	
SEPAI	STATE	
Si	STATEOR	
· ·	STATEOR	
	STATEOR	
	STATE OF ILLINOIS RTMENT OF INSURANCE PRINGFIELD, ILLINOIS	

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	May 1, 2010
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
 Automobile Physical Damage Private Passenger Commercial 		
3. Liability Other Than Auto		
4. Burglary and Theft		
6. Fidelity		
7 0		
10 Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation Line of Insurance	5,914,119	-2.6
Does filing only apply to certain territory (terri	tories) or certain classes? If so, specify	: <u>no</u>
Brief description of filing. (If filing follows rabusiness effective May 1, 2010, adopt NCCI	tes of an advisory organization, specif	y organization): <u>For new and renewal</u> and approved in IL-2009-11.
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	will result from application of new rate	
Change in Company's premium level which	will result from application of new rate.	. .
	Amerisure l	Mutual Insurance Company
		Name of Company
	Tracy Upc	ott - Compliance Analyst II
		Official – Title

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Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Char	nge in Company's premium or rate level pr	oduced by rate revision effective	March 1, 2010
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	499,405 (CY2008)	0.1%
	Line of Insurance		
Does No.	filing only apply to certain territory (territo	ries) or certain classes? If so, specify:	
	description of filing. (If filing follows rates dopt NCCI's 1/1/2010 loss costs	of an advisory organization, specify or	ganization):

Crum & Forster Indemnity Company

Name of Company Sharon SM Complere Analy

Official - Title

FILED

MAR 0 1 2010

DEPART ENT OF INSURANCE SPRINGFIELD, ILLINOIS

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

FORM (RF-3)

SUMMARY SHEET

			FI
		SUMMARY SHEET	d by rate revition
(Change in Company's premiceffective 05/01/2010	ım or rate level produced	" " 0 " .
	(1)	(2) Annual Premium	DEPARTMEN) OF ILLINOIS PERMENT OF INSURA Change (+or-)***Ois
	Coverage	- Volume (Illinois) *	Change (+or-) TOO
-	Automobile Liability Private		
	Passenger		
	Commercial		
	Automobile Physical Damag		
	Private Passenger		•
	Commercial	·	
	_iability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		4,2
	Surety		
	Boiler and Machinery		
	Fire		
-	Extended Coverage		
	nland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other Workers Compensation	\$238	-0.1%
	Life of Insurance	¥200	<u> </u>
1	Does filing only apply to certa	ain territory (territories) o	r certain
	Classes? If so,	, , , , , , , , , , , , , , , , , , , ,	
	specify: No		
Ī	Brief description of filing. (If t	filing follows rates of an a	advisory
(Organization, specify	_	
(organization):	NCCI advisory rates,	loss costs, and rating values.
_			
-	*Adjusted to reflect all prior re	ato changes	
*	*Adjusted to reflect all prior ra **Change in Company's pren		ult from application of new
!	rates.	Fastern Advantag	ge Assurance Company
			ame of Company
			- Product Manager
			Official - Title

FORM (RF-3)

FILED

SUMMARY SHEET

MAY 0 1 2010

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger	**************************************	
Commercial		•
Automobile Physical Damag		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
nland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation	\$223,338	-0.1%
Life of Insurance		
Dono filing only apply to conta	nim tamitam (tamitariaa) ar	aartain
Does filing only apply to certa Classes? If so,	ain terniory (terniories) or	Certain
ř		
specify: No No		
Brief description of filing. (If t	filing follows rates of an a	dvison
Organization, specify	ming follows rates of all a	avisory
organization):	NCCL advisory rates In	oss costs, and rating values.
organization).	Trool davidory rates, i.	000 000.0, 0.10 100.19 10.000.
*Adjusted to reflect all prior ra	ate changes.	
**Change in Company's pren		It from application of nev
rates.		· · · · · · · · · · · · · · · · · · ·
	Eastern Alliance In	surance Company
		me of Company
		• •
	Richard W. Irons -	Product Manager

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)



SUMMARY SHEET

DEPARTMENT OF ILLINOIS

Change in Company's premium or rate level produced by rate revision SPRINGFIELD, ILLINOIS

STATE OF ILLINOIS

Change in Company's premium or rate level produced by rate revision SPRINGFIELD, ILLINOIS

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
2	Commercial Automobile Physical Damag		
	Private Passenger		•
3.	Commercial Liability Other Than Auto		
4 .	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7. 8.	Surety Boiler and Machinery		
9.	Fire		,
10.	Extended Coverage		
11.	Inland Marine	***************************************	
12. 13.	Homeowners Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation Life of Insurance	\$37,374	-0.1%
•	Doog filing only apply to corto	in torritory (torritorios) or	nortoin
	Does filing only apply to certa Classes? If so,	in terntory (terntones) or t	certain
	specify: No No		
	Brief description of filing. (If fi Organization, specify	•	
	organization):	NCCI advisory rates, lo	ss costs, and rating values.
	*Adjusted to reflect all prior ra **Change in Company's prem		from application of new
	rates.	Employers Security	Insurance Company
		Nan	ne of Company
	**Change in Company's prem rates.	Employers Security Nan Richard W. Irons - F	Insurance Company ne of Company

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	ange in Company's premium or rate le	vel produced by rate revision effective	6/1/2010
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
11. 12. 13. 14. 15.	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance	4,523,534 territories) or certain classes? If so, specify:	6.8% No
*Ad	CI loss costs approved under NCCI Circular IL-	rhich will result from application of new rates. FCCI No.	Insurance Company ame of Company
		Debra J. Comsto	ock, Regulatory Filing Specialist Official – Title



JUN 0 1 2010

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by	y rate revision effective	<u>April 1, 2010</u>
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or −)**
Automobile Liability Private Passenger	volamo (minolo)	
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. inland Marine		
12 Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	1,925,297	-0.1%
16. Other		
13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation 16. Other Line of Insurance APR 0 1 201 Dep STATE OF INSURE SPRINGFIELD, ILLINO LINE OF INSURE SPRINGFIELD, ILLINO	f() ertain classes? If so, specify S	<u>No</u>
——————————————————————————————————————	IS IS	
At this time, the Manufacturers Allian adopt the loss costs approved in NCC 1.920 LCM.	ce Insurance Company	/ (FEIN #23-2086596) files to
* Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will resul		
	Linda I	Name of Company R. Greer- Associate Product Specialis
	Official	— Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in C	company's premium or rate le	evel produced by rate revision effective	6/1/2010
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
	bile Liability Private senger Commercial		
2. Automo	bile Physical Damage ate Passenger Commercial		
	Other Than Auto		
4. Burglar	y and Theft		
5. Glass			
3. Fidelity			
7. Surety			
	nd Machinery		
9. Fire	. •		·
10. Extende 11. Inland N	ed Coverage		
i i. iniand r 12. Homeo			
	ercial Multi-Peril		
14. Crop Ha			
•	Vorkers Compensation	647,527	5.0%
· · · · · · · · · · · · · · · · · · ·	Line of Insurance	011,027	
Does filing o	nly apply to certain territory	(territories) or certain classes? If so, specify:	No
•		,	
-	- , -	rates of an advisory organization, specify orga	· · · · · · · · · · · · · · · · · · ·
NCCI loss cost	s approved under NCCI Circular IL-	-2009-11 and retain our current loss cost multiplier of 1.85	7.
	reflect all prior rate changes Company's premium level w	s. which will result from application of new rates.	
		Marros Gue	ranty Insurance Company
			me of Company
		ING	ino or company
		Debra J. Comstoo	k, Regulatory Filing Specialist
			Official – Title



JUN 0 1 2010

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate	e level produced by rate revision effective	6/1/2010
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
 Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commerci Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage 	al	
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril 14. Crop Hail		
15. Other Workers Compensation Line of Insurance	7,369,094	5.7%
Does filing only apply to certain territo	ry (territories) or certain classes? If so, specify:	No
	ws rates of an advisory organization, specify org IL-2009-11 and retain our current loss cost multiplier of 1.3	
*Adjusted to reflect all prior rate chang **Change in Company's premium leve	ges. I which will result from application of new rates.	
	National 1	Frust Insurance Company
	N	ame of Company
	Debra J. Comstr	ock, Regulatory Filing Specialist
		Official – Title



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Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Char	nge in Company's premium or rate level pro	duced by rate revision effective	March 1, 2010
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass _		
6.	Fidelity _		
7.	Surety _		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	5,187,625 (CY2008)	-0.1%
	Line of Insurance		
Does No.	s filing only apply to certain territory (territor	ies) or certain classes? If so, specify:	
	description of filing. (If filing follows rates of	of an advisory organization, specify or	ganization):

The North River Insurance Company
Name of Company

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FILED

MAR 0 1 2010

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

FORM (RF-3)



MAR 0 1 2010

SUMMARY SHEET

Change in Company's premium or rate level produced by rate PRIVINGE SPRINGFIELD, ILLINOIS

ellective 3-01-10 New & Kellewal	•	OF TAMOS ILLD, ILLINO
(1)	(2)	(3)
	Annual Premium	Percent
Coverage -	Volume (Illinois) *	_ Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation	\$41,935,484	-3.1%
Life of Insurance		
Does filing only apply to certa	in territory (territories) or	certain
Classes? If so,		
specify: No No		
Brief description of filing. (If fi	ling follows rates of an a	idvisory
Organization, specify		
organization):	Adopt NCCI Rate Revisio	n of 1-1-10 without deviation.
		· · · · · · · · · · · · · · · · · · ·
*Adjusted to reflect all prior ra		Al forman of the first of the second
**Change in Company's prem	ium ievei wnich will resu	iit from application of new
rates.	DEMIN INICI	URANCE COMPANY
	_ Na	me of Company

Edward A. Mulvey, Vice President of Underwriting

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

(1)		(2)	(3)
Coverage		Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability		volume (illinois)	Change (+ or -)
Private Passenger			
Commercial	•		
2. Automobile Physical Damage	•		
Private Passenger			
Commercial			
3. Liability Other than Auto			
4. Burglary and Theft			
5. Glass			
6. Fidelity		,	
7. Surety	•		
8. Boiler and Machinery			
9. Fire	•		
10. Extended Coverage			
11. Inland Marine	FILED		
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail	APR 0 1 2010		
15. Workers Compensation		8,312,324	-0.1%
16. Other	STATE OF ILLINOIS		
Does filing only apply to certain te	EPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS rritory (territories) or certain clas		<u>No</u>
triof description of filing (if filing for	ollows rates of an advisory organ	ization specify organiz	ation)
At this time, the Penns 1642962) files to adop	ylvania Manufacturers ot the loss costs app	' Association Ins	surance Company (FEIN s s filing #IL-2009-11 for
At this time, the Penns 1642962) files to adop against our approved 1	ylvania Manufacturers ot the loss costs app .540 LCM.	Association Insproved in NCCI's	s filing #IL-2009-11 for
At this time, the Penns 1642962) files to adop against our approved 1	ylvania Manufacturers ot the loss costs app .540 LCM.	Association Insproved in NCCI's cation of new rates.	s filing #IL-2009-11 for ylvania Manufacturers' iation Insurance Company
At this time, the Penns 1642962) files to adop against our approved 1	ylvania Manufacturers ot the loss costs app .540 LCM.	Association Instruction Ins	ylvania Manufacturers' iation Insurance Company Name of Company
At this time, the Penns 1642962) files to adop against our approved 1	ylvania Manufacturers ot the loss costs app .540 LCM.	Association Instruction Ins	ylvania Manufacturers' iation Insurance Company Name of Company R. Greer- Associate Product Spec

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produ	April 1, 2010	
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
Automobile Liability Private Passenger	voidino (illinois)	
Commercial		-
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	575,677	-0.1%
16. Other		
Does filing only apply to certain territory (territoria		<u>No</u>
STATE OF Brief description of filing (if filing the page of SPRINGFIEL At this time, the Pennsylvania Miles to adopt the loss costs appaperoved 1.250 LCM.	ไล่ทันใช้อี่เรียาers Indemnity Co	ompany (FEIN #23-2217934)
 * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which w 		ylvania Manufacturers Indemnity
	Compa	any
	Linda F	Name of Company I. Greer- Associate Product Specialist
	Official	— Title

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 03/01/2010

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **	
1.	Automobile Liability Private			
	Passenger			
	Commercial			
2	Automobile Physical Damag			
	Private Passenger		•	
	Commercial			
3.	Liability Other Than Auto			
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler and Machinery			
9.	Fire			
10.	Extended Coverage			
11.	Inland Marine			
12.	Homeowners			
13.	Commercial Multi-Peril	·		
14.	Crop Hail			
15.	Other Worker's Compensation	10,200,223	+2.2	
	Life of Insurance			
•	Does filing only apply to certa Classes? If so, specify:	in territory (territories) or	certain	
	Brief description of filing. (If filing follows rates of an advisory			
	Organization, specify	ling follows rates of an a	uvisory	
	organization):	We are adopting NCCI Advisory	Rates and Misc Values per Circular IL-2009-11	
Organization).			Trades and miss range per enterior in 2000 11	
	*A divisted to reflect all prior re	to changes		
	*Adjusted to reflect all prior ra		t from application of new	
	rates.			
	ł	SECURA Insurance	e Δ Mutual Company	

MAR 0 1 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

SECURA Insurance, A Mutual Company
Name of Company
Daniel P. Ferris - Vice President & General Counsel

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective _			4/1/2010	
	(1) Coverage	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
1.	Automobile Liability Private			
2.	Passenger Commercial Automobile Physical Damage			
۷.	Private Passenger Commercial			
3.	Liability Other Than Auto			
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler and Machinery			
9.	Fire			
10.	Extended Coverage			
11.	Inland Marine			
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Other Workers Compensation	\$7,820,552	+2.5%	
	Line of Insurance			
	es filing only apply to certain territory (to below.	erritories) or certain classes? If so, specify:		
Brie	ef description of filing. (If filing follows ra	ates of an advisory organization, specify orga	anization):	
		's 1-1-10 advisory rates with deviations for eight clas		
	ljusted to reflect all prior rate changes. hange in Company's premium level wh		surance Company me of Company	
			, ,	
		Gail Williams -	Senior Compliance Analyst	
			Official – Title	



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ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

			SPRINGFIELD
Char	nge in Company's premium or rate level	produced by rate revision effective	March 1, 2010
	(1)	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent
	Coverage		Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation Line of Insurance	5,459,274 (CY2008)	-0.1%
Doe:	s filing only apply to certain territory (terri	itories) or certain classes? If so, specify:	
	description of filing. (If filing follows rate dopt NCCI's 1/1/2010 loss costs	es of an advisory organization, specify or	ganization):

United States Fire Insurance Company

Name of Company Sharon Smith

Official - Title

FILED

MAR 0 1 2010

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.